**STATE OF NEW HAMPSHIRE RECEIVED**

Lobbyists Report of  
Political Contributions  
**Addendum C**  
(RSA Chapter 15:6)

OCT 31 2018  
**NEW HAMPSHIRE**  
**DEPARTMENT OF STATE**

P I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karoutas, Leann Moccia, Chris Herr

L  
E II. Name of lobbyist's partnership, firm or corporation, if any:

A  
S Legislative Solutions, L.L.C.  
E \_\_\_\_\_  
(Name of partnership, firm or corporation)

P III. Name of Client \_\_\_\_\_ Date October 18, 2018

R

I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the  
T client/lobbyist and lobbying firm, indicate the following:

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Full name of candidate: Graham \_\_\_\_\_  
(Last Name) John \_\_\_\_\_  
(First Name)  \_\_\_\_\_  
(Middle Name/Initial)

Amount of contribution \$ 200.00 \_\_\_\_\_ Office Candidate is Seeking State Representative

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: Reagan \_\_\_\_\_  
(Last Name) John \_\_\_\_\_  
(First Name)  \_\_\_\_\_  
(Middle Name/Initial)

Amount of contribution \$ 250.00 \_\_\_\_\_ Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: \_\_\_\_\_  
(Last Name) \_\_\_\_\_  
(First Name) \_\_\_\_\_  
(Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

(turn over to continue → )

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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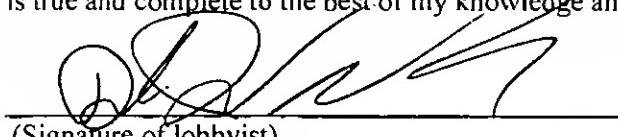
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

October 18, 2018

(Date)

Debra Vanderbeek

(Print Name of lobbyist)

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

Use this form to swear or affirm the truth and completeness of  
Income and Expense Statements and related Addendums.

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Legislative Solutions, L.L.C.

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): \_\_\_\_\_

**Date of Report (check one):**

April 25, 2018  July 25, 2018  October 31, 2018  January 30, 2019

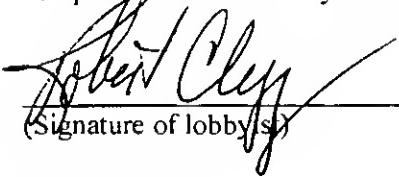
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

Addendum A(s).

Addendum B(s).

Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

October 18, 2018

(Date)

Robert Clegg  
(Print Name of lobbyist)

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

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Income and Expense Statements and related Addendums.

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Legislative Solutions, L.L.C.

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): \_\_\_\_\_

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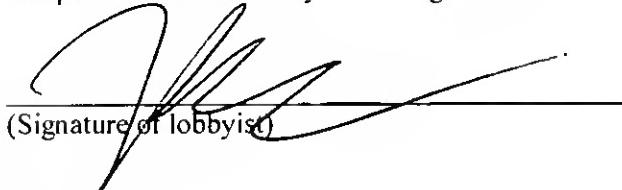
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Addendum A(s).

Addendum B(s).

Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

October 18, 2018

(Date)

Periklis Karoutas

(Print Name of lobbyist)

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

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Addendum A(s).

Addendum B(s).

Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

Leann Moccia  
(Signature of lobbyist)

October 18, 2018

(Date)

Leann Moccia  
(Print Name of lobbyist)

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

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Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): \_\_\_\_\_

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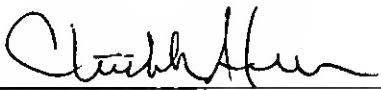
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Addendum A(s).

Addendum B(s).

Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

October 18, 2018

(Date)

Christopher Herr  
(Print Name of lobbyist)